

Youth Court Parent Survey

Please take a moment to fill out this survey honestly and completely. Your answers will be confidential. This survey will only be used to evaluate the program. Thank you, in advance for your cooperation.

1. Your child is: ☐ Male ☐ Female In what grade? _____
2. What was your child's violation/offense? _____
3. Has your child had previous violations? ☐ Yes ☐ No How many? _____
4. Did you feel your Son/Daughter's disposition:
 1. Increased his/her understanding of who was harmed? ☐ Yes ☐ No
 2. Helped him/her repair the harm caused? ☐ Yes ☐ No
 3. Helped him/her become more involved in your community? ☐ Yes ☐ No
 4. Helped him/her to learn and grow from this experience? ☐ Yes ☐ No
5. Do you think your Son/Daughter's sentence was: ☐ Too Lenient ☐ Fair ☐ Too Harsh
Please explain. _____

6. Did Youth Court explain what they expected of you? ☐ Yes ☐ No
If no, please tell us what was unclear to you. _____

7. What was your Son/Daughter required to do? (Please check all that apply)
☐ Community Service
What Agency? _____
How Many Hours? _____
☐ (Enter classes or other requirements that your youth court offers)
8. We appreciate any comments you have (positive or negative) about the requirements checked above.

9. Has your Son/Daughter received another citation or committed another offense since being referred to the Youth Court program? ☐ Yes ☐ No

10. What kind of impact has Youth Court had on your Son/Daughter?

☐ Very Negative ☐ Somewhat Negative ☐ Didn't Say Anything ☐ Somewhat Positive ☐ Very Positive

11. What changes in behavior, if any, have you noticed in your Son/Daughter due to their peer court involvement? Please check the behavior that you are aware of:

	Behavior is worse	No change	Behavior is better	Doesn't apply
School attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School grades	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship with family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship with friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug and/or Alcohol use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sense of responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect for community/neighborhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feelings about them self & their goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. (Optional) As far as you could tell, did the mentor call or meet with your Son/Daughter every week?
☐ Yes ☐ No

13. (Optional) How helpful was the peer mentor in supporting and encouraging your Son/Daughter to complete his/her contract with Youth Court?
Please explain. _____

14. What have you liked about Youth Court?

15. What changes could we make to improve Youth Court?

Thank you for completing this survey.